11020150026

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

SECRETARY OF THE SENATE

		(See manucho	nis)	Office use only
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5
Blumenthal fo	r Connecticut	11111		
	<u> </u>			<u> </u>
ADDRESS (number and	street)	Summer St	11111111111	
(Check if addres	s LL			
is changed)	Star	mford	<u> </u>	CT [06901 _
			CITY	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA	IL ADDRESS (Pleas	e provide only one e-	-mail address)	
(Check if addres	s zam	ore@capcompli	ance.com	<u></u>
is changed/				
COMMITTEE'S WEB	DAGE ADDRESS (IDI V		
		J11L)		ı
(Check if addres is changed)	s L.		<u> </u>	
2. DATE 0.4	M / D D /	, 2011		
3. FEC IDENTIFICA	ATION NUMBER		C C00492991	
4. IS THIS STATEM	MENT (NE	W (N) OR	AMENDED (A)	
I certify that I have exam	ined this Statement an	d to the best of my kno	owledge and belief it is true, correct an	d complete
		Judith Zamore		
Type or Print Name of	Treasurer		101	
Signature of Treasure	F Electronically Fil	ed by Judith Za	more Me	Date 0.4 / 13 / 2.011
NOTE: Submission of fa			ay subject the person signing this State	ement to the penalties of 2 U.S.C. §437g. WITHIN 10 DAYS
Office Use Only			For further information of Federal Election Commiss Toll Free 800-424-9530	

	FEC F	Form 1 (Revised 02/2009)	Page 2
5 .	TYPE OF CO	DMMITTEE (Check One)	
	Candidate C	Committee:	
	(a) X	This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the cinformation below.)	andidate
	Name of Candidate	Richard Blumenthal	
	Candidate Party Affiliati	on DEN Office X Senate President	State CT District 00
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate		
	Party Comn	nittee:	
	(d)		emocratic, publican,etc.) Party.
	Political Act	tion Committee (PAC):	
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected or	ganization is a:
	-	Corporation Corporation w/o Capital Stock Labor	Organization
		Membership Organization Trade Association Coope	aratica
		Membership Organization Trade Association Coope	erative
	(f) 🗖	In addition, this committee is a Lobbyist/Registrant PAC.	
	" Ц	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fu committee. (i.e., nonconnected committee)	nd or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint Fundra	ising Representative:	
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mocommittees/organizations, at least one of which is an authorized committee of a federal candidate.	ore political
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mocommittees/organizations, none of which is an authorized committee of a federal candidate.	ore political
	Com	mittees Participating in Joint Fundraiser	
		1. FEC ID number	
		2. FEC ID number	
		3. FEC ID number	
		4 FEC ID number C	<u> </u>

Write or Type Committee Name			Page 3
	,		
Blumenthal for Connec	ticut		
6. Name of Any Connected Or	rganization, Affiliated Committee, Joint Fundraisi	ng Representative, or Leade	rship PAC Sponsor
<u> </u>			
1 1 1 1 1 1 1 1 1		+ 1 1 1 1 1 1 1 1	
Mailing Address			<u> </u>
		1 1 1 1 1 1 1 1 1	<u> </u>
		ا ليا ليد	
	CITY▲	STATE ≜	ZIP CODE 🛦
Relationship:			
Connected Organization	Affiliated Committee Joint Fun	draising Representative	Leadership PAC Sponsor
Mailing Address	426 C St NE		1 .1 .1 .1 .1 .1 .1 .1 .1
Mailing Address	426 C St NE		1 - - - - - - - - - - - - -
Mailing Address	426 C St NE Washington		20002
Mailing Address Title or Position ♥		DCSTATE&	20002
	Washington CITY ▲		
Title or Position ▼ Treasurer 8. Treasurer: List the name name and address of any Full Name	Washington CITY ▲	STATE elephone number 202 the treasurer of the commit	ZIP CODE A - 544 - 6960
Title or Position Treasurer 8. Treasurer: List the name name and address of any Full Name of Treasurer Judith	Washington CITY A Te and address (phone number optional) of ti y designated agent (e.g., assistant treasurer)	STATE elephone number 202 the treasurer of the commit	ZIP CODE A - 544 - 6960
Title or Position Treasurer 8. Treasurer: List the name name and address of any Full Name of Treasurer Judith	Washington CITY A Te and address (phone number optional) of ti y designated agent (e.g., assistant treasurer)	STATE elephone number 202 the treasurer of the commit	ZIP CODE 14 - 544 - 6960
Title or Position ▼ Treasurer Treasurer: List the name name and address of any Full Name of Treasurer Judith	Washington CITY A Telegrand address (phone number optional) of the properties o	STATE A 202 elephone number 202 he treasurer of the commit	ZIP CODE 14 - 544 - 6960 Itee; and the

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FEC Form	1 (Revised 0	2/2009)		Page 4
Full Name of Designated Agent	-	Michael Cacace		
Mailing Addre	ess	777 Summer St		
		Stamford	CT	06901 –
Title or Position	∀	CITY A	STATE 🛦	ZIP CODE A
	Assistant 1	Treasurer Te	lephone number	
	r Depositorie	s: List all banks or other depositories in which the	committee deposits funds, ho	olds accounts, rents
. Banks or Othe safety deposit b Name of Bank,	oxes or mainta Depository, etc	ins funds. c. on Valley Bank		ı
safety deposit b	oxes or maintal Depository, etc	ins funds. c.		
safety deposit b Name of Bank,	oxes or maintal Depository, etc	ins funds. on Valley Bank 1055 Summer St		
safety deposit b Name of Bank,	oxes or maintal Depository, etc	ins funds. on Valley Bank 1055 Summer St	CT CT	, 06905
safety deposit b Name of Bank,	oxes or maintal Depository, etc	ins funds. on Valley Bank 1055 Summer St Suite 105		06905 - ZIP CODE A
safety deposit b Name of Bank,	oxes or mainta Depository, etc Hudso	ins funds. on Valley Bank 1055 Summer St Suite 105 Stamford CITY Δ	CT	
safety deposit b Name of Bank, Mailing Address	oxes or mainta Depository, etc Hudso	ins funds. on Valley Bank 1055 Summer St Suite 105 Stamford CITY Δ	CT	
safety deposit b Name of Bank, Mailing Address	Depository, etc	ins funds. on Valley Bank 1055 Summer St Suite 105 Stamford CITY Δ	CT	
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc	ins funds. on Valley Bank 1055 Summer St Suite 105 Stamford CITY Δ	CT	
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc	ins funds. on Valley Bank 1055 Summer St Suite 105 Stamford CITY Δ	CT	

DANA K. MCCALLUM SUPERINTENDENT

HART SENATE OFFICE BUILDING SUITE 232 WASHINGTON, DC 20510-7116 PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:	
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JSPS PRIORITY MAIL Postmark	· · · · · · · · · · · · · · · · · · ·
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JSPS EXPRESS MAIL Postmark	
OVERNIGHT DELIVERY SERVICE: SHIPPING DATE NEXT BUSIN	IESS DAY DELIVERY
FEDERAL EXPRESS	
UPS	
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AIRBORNE EXPRESS	
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POSTMARK ILLEGIBLE	
FAX Date of Receipt	
OTHER Date of Receipt or Postmark	



_DATE PREPARED <u>04-15-</u>11



